

CERTIFICATION OF ELIGIBILITY FOR CLASSES ON A SPACE-AVAILABLE BASIS* FOR THE UNEMPLOYED/UNDEREMPLOYED

To be eligible for classes on a space-available basis* according to RCW 28B.15.522, you must meet the following criteria:

Please mark an [X] for each item that applies:

1. [] I am a resident student as defined by RCW 28B.15.012 (2).
2. [] I will be at least 21 years of age prior to the first day of instruction.
3. [] I have not attended a college in the past six months prior to the first day of instruction, other than under this section.
4. [] I am not receiving or eligible for unemployment compensation funded by federal, state matching, or trade readjustment benefit sources.
5. [] My combined monthly household income (includes spouse if married) is less than the figures for household size listed below:

<u>Household Size</u>	<u>Income Level</u>
1	\$1,192
2	\$1,508
3	\$1,862
4	\$2,197
5	\$2,532
6	\$2,867
7	\$3,314
8	\$3,668
9	\$4,022
10 or more	\$4,376

6. [] I have been or will have been unemployed for at least six months prior to the first day of instruction, or am underemployed as evidenced by the combined monthly income figures above.

I hereby certify under penalty of perjury under the laws of the state of Washington that the statement(s) checked above are true and correct.

Legal Signature

Date

You must also provide certification by Employment Security (see over)

**Space-Available Basis = Space in a course still open on or after the first day of the quarter. You may not register until the first day of the quarter.*

STATEMENT OF ELIGIBILITY FOR UNEMPLOYMENT BENEFITS

This certificate is related to the applicant's proposed enrollment at a Washington community college pursuant to a program established by RCW 28B.15.522.

In order to be eligible for the waiver established by RCW 28B.15.522 you must obtain and show proof that you are not receiving or eligible for unemployment compensation funded by federal, state matching, or trade readjustment benefit sources.

Written proof from the Employment Security Department of ineligibility or denial of unemployment compensation is attached.

Applicant's Name (print)

Applicant's Signature

Based on information provided by the Washington State Employment Security Department, the above-named individual:

_____ Is receiving or is entitled to receive unemployment benefits at this time.

_____ Is **not** receiving or entitled to receive unemployment benefits at this time

FOR OFFICIAL USE ONLY

Date

Approved Disapproved

Registrar's Name or Designee

Registrar's Signature